PFC/6B/D9 (1007)
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O A coffection of Information unless in allert are a yello OMB control number. Under the Paperwork Reduction Act of 1885, his persons are reduced to respond to a PATENT APPLICATION FEE DETERMINATION RESERVED Bubelliute for Form PTO-878 Application of Docket Number .... APPLICATION AS FILED - PART I (Column 1) OTHER THAN". (Column 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED BABIQ FEE . (17 OFR 1.15(a)..(b); or (c) NUMBER EXTRA RATE (\$) FEE (\$) . N/A RATE (\$) FEE (\$) . NA BEAROH FEE 187 OFF 1.16(N), (V), 61 (MV) · NA N/A NA N/A EXAMINATION FEE (4) OFR 1.16(0), (p), or (q) NA NA NA N/A: TOTAL CLAIMS ŃΆ 67 OFR 1.16(1) NA minus 20 = INDEPENDENT CLAIMS EB = (37 OFR 1.16(h)) OR 50 minus s = If the specification and drawings exceed 100 x 105 = 200 APPLICATION SIZE sheels of paper, the application size fee due is \$260 (\$130 for small entity) for each. (97 OFR 1.18(8)) additional 50 sheets or tradion thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.18 (7) 185 If the difference in column ( is less than zero, enter \*0" in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) · (Column 3) OTHER THAN CLAIMS SMALL ENTITY HIGHEST REHAINING PRESENT AFTER ENDMENT RATE (\$) PREVIOUSLY PAID FOR "AGDI-EXTRA RATE (\$) TIONAL FEE (\$) ADDL" Total TIONAL FEE (\$) Minus Independent OT OFR LIGHT x 25 Minus ĎΚ. 50 x 105 = Application Size Fee (37 CFR 1.16(s)) 210 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) 185 340 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Columnia) CLAIMS REMAINING :. : HIGHERT œ PRESENT EXTRA NUMBER PREVIOUSLY PAID FOR RATÉ (\$) AFTER ADDI-TIONAL FEE (\$) RATE (\$) MENDMENT to ofk i.ion TIONAL FEE (\$) Minus x 25 tridependent Minus OR x 50 d: Application 8ke Fee (37 CFR-1.18(8)) x 105 = x: 210 OR. GIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM TO TOTA 1,160) TRE OŘ TOTAL .

# fine they in solumn 1 is less than the entry in solumn 2, write or in solumn 3.

If the "Highest Number Previously Paid For" in This SPACE is less than 20, enter 20.

The "Highest Number Previously Paid For" in This SPACE is less than 3, enter 3.

This collection of Information is required by 37 OFR 1.16. The Information is required by obtain or retain a generic by the public which is to file (and by the instituting gathering, preparing, and submitting the completed application to the Journal of time you require to complete this form and/or suggestions for reducing the well vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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